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To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Shevon E. Johnson Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration and Third Supplemental Information Disclosure Statement App. No.: 10/800,372 Filed: 03/12/2004 Docket No.: A04P1024 Confirmation No.: 8872	Number of pages being sent: <u>12</u> (including cover page)

**PLEASE DELIVER TO EXAMINER SHEVON E. JOHNSON,
Art Unit 3762.
Thank you.**

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Yougandh Chitre	Confirmation No. 8872
Serial No.:	10/800,372	Examiner: Shevon e. Johnson
Filed:	03/12/2004	Art Unit: 3762
Docket No.:	A04P1024	
For:	CONVERTIBLE STYLET TO ABET IN THE IMPLANT OF A LEFT HEART LEAD	

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TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- X Amendment and Request for Reconsideration
- X Second Supplemental Information Disclosure Statement
- X PTO-1449 (copy of reference is not enclosed)
- X Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile transmitted to
the United States Patent and Trademark Office on:

April 6, 2006

 4/6/06

Estella Pineiro Date

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	7	20	2	X \$ 50	\$ 100
B	INDEPENDENT CLAIMS FEE**	1	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: Third Supplemental Information Disclosure Statement					180
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$180**

☒

Charge Deposit Account No. **16-0068**
the amount of

\$180**

A copy of this letter is
enclosed.

☒

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

☒

The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068


☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

4-6-06


Peter A. Nichols
Reg. No. 47,822
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818-493-2323

CUSTOMER NUMBER: 36802